

Briefing Note – 17 May 2017

VENEZUELA



Humanitarian needs from economic crisis

Need for international assistance	Not required	Low	Moderate	Significant	Urgent
Expected impact	Insignificant	Minor	Moderate	Significant	Major

Crisis overview

Import restrictions from the economic crisis that escalated in 2014 are resulting in severe food shortages and escalating malnutrition rates. A recent assessment of 526 children in several states found GAM rates of 8.9% and SAM of 3.2%. Severe medicine shortages combined with poor hospital services facilitate the spread of diseases such as malaria and diphtheria. Maternal mortality increased by 65% between 2015 and 2016 according to some government data. Approximately one million children do not go to school due to insecurity, food shortages in schools, and teachers' absenteeism. Protection concerns are widespread as Venezuela recorded increasing violence with one of the highest homicide rates in the world in 2016.

Key findings

Anticipated scope and scale

The humanitarian situation in Venezuela has severely deteriorated in the past three years. With a high risk of debt default by the end of 2017, food and medicine shortages as well as malnutrition rates are expected to worsen.

Priorities for humanitarian intervention

Food: Severe food shortages are reported countrywide, and prices on the black market are too high for most people to afford.

Health: Severe medicine shortages and dysfunctional hospitals mean that previously eradicated diseases, such as diphtheria and malaria, reappeared in 2016.

Nutrition: Malnutrition rates are increasing as dietary diversity falls.

Humanitarian constraints

- The government does not acknowledge humanitarian needs and publicly authorise external aid.
- High levels of crime severely aid operations.

Limitations

The government stopped releasing data related to needs in 2014. However, since then, several researchers from leading Venezuelan universities have published an annual survey, *Encuesta Sobre Condiciones de Vida en Venezuela* (ENCOVI – Survey on Living

Conditions in Venezuela). ENCOVI produces data on food security, nutrition, health, poverty, security, and education based on interviews of a sample of 6,413 households across the country. This survey gives some indications on the scale and scope of the crisis.

Crisis impact

In 2016, the humanitarian situation in Venezuela significantly deteriorated, as the impact of the drop in oil prices began to be more widely felt. The fall in oil prices and income has restricted imports, which has led to severe food and basic goods shortages. People are skipping meals and reducing the diversity in their diet. Malnutrition rates are escalating, with 8.9% GAM and 3.2% SAM reported in a recent assessment of 526 children in several states (Caritas 13/01/2017).

This is compounded by dysfunctional hospitals, suffering from lack of resources and severe medicine shortages. Diseases such as diphtheria, eradicated in the 1990s, have reappeared. According to some government data, maternal mortality has increased by 65% and infant mortality by 30% (Government of Venezuela 31/12/2016).

An estimated one million children do not attend school because of insecurity, food shortages and teacher absenteeism. Venezuelans increasingly flee their country as a result of general insecurity and limited economic opportunities.

The rate of Venezuelans leaving the country accelerated in 2016, with more moving to neighbouring countries and other countries in Central America. 47,100 Venezuelans crossed to Colombia in January 2017, more than double the number of January 2016 (Vice News 11/05/2017). A spike in arrivals was reported in Brazil in May (Panam Post 09/05/2017). 77,000 Venezuelans crossed into Brazil between January 2015 and September 2016, according to the Brazilian Ministry of Justice, and 12,000 have stayed in Brazil since 2014 (Carta Capital 13/12/2016, HRW 18/04/2017). The number of Venezuelans arriving and staying in Brazil was five times higher in 2016 than in 2014 (HRW 18/04/2017).

Food

Food shortages affect all of the population. Food imports have declined by 70% since 2014 (Financial Times 04/05/2017). According to the ENCOVI, the proportion of people eating

two meals or less in a day almost tripled from 2015 to 2016, to 32.5% (ENCOVI 2016, Caracas Chronicles 02/03/2017). This amounts to approximately 9.6 million people. Food shortages are also reported in schools (Panam Post 13/02/2017).

People spend their days in line to obtain food and basic commodities distributed by the government programme, where food prices are set. The average time spent waiting for food every month is 35 hours (AP 12/07/2016).

Food distribution is controlled by the military, and is often distributed on the basis of support to the government (Venezuela Analysis 02/03/2017, Washington Post 10/12/2016). The military has also been accused of food trafficking (NPR 01/09/2017). This limits both food access and food availability: with less subsidised food available within the food distribution programme, black market prices are driven up further. In December 2016, Venezuelans needed to earn 17 times the minimum wage to purchase a minimum food basket on private markets without price control (Diario Las America 20/12/2016).

In March it was estimated that 80% of bakeries had run out of flour, due to reduced imports (Caracas Chronicles 06/05/2017). After introducing a law that 90% of wheat must be used for making bread and not pastries, two bakeries were closed for not following government policy (NY Daily News 17/03/2017, Venezuela Analysis 17/03/2016). Such measures are likely to further restrict access to food.

Nutrition

72% of respondents in the ENCOVI survey reported having lost 8.7kg in the past year due to changes in food patterns, lack of dietary diversity and use of substitutes: consumption of relatively expensive products such as meat and chicken decreased significantly, compensated by vegetables (Caracas Chronicles 02/03/2017).

In 2017, there are signs of malnutrition affecting children under six months old, suggesting a deterioration in breastfeeding practices, which can be partly attributed to women having to spend time in line to receive basic commodities and food, and not being able to provide adequate breastfeeding (Panam Post 08/02/2017).

Malnutrition rates were believed to be escalating at the end of 2016 (Human Rights Watch 24/10/2016). Between October and December 2016, a survey of 526 children in the capital district, and in Miranda, Vargas, and Zulia states, found 8.9% GAM and 3.2% SAM (Caritas 13/01/2017). The Health Observatory reported in 2016 that 29 children were dying every day from nutrition-related problems (The Guardian 19/10/2016). An increasing number of

children were being hospitalised for more severe symptoms of malnutrition – emaciation and diarrhoea, compared to just protein deficiency before (The Guardian 19/10/2016). There are reports of children fainting from hunger at school (US News 17/06/2016).

However, response capacity is falling: in 2016, 14.5% of nutrition services in hospitals were not functioning, and 70% were only partly operational (OV Salud 2016).

Health

Hospitals: Less than 10% of operating theatres, emergency rooms and intensive care units were fully operational in 2016, according to the Venezuelan Health Observatory (OV Salud 2016). 81% lacked surgical equipment, up from 61% in 2015. 70% complain of intermittent water supplies, compared to 39% in 2015 (The Guardian 19/10/2016). 76% of hospitals reported medicine shortages in 2016, up from 67% in 2015 (OV Salud 2016). The Pharmaceutical Federal of Venezuela estimates that only 15% of necessary medical supplies are available countrywide (IRIN 09/01/2017). There are reports of expired medicines being used (Panam Post 18/01/2017). Basic immunisation rates fell by 78% between January and November 2016, according to the Venezuelan Health Ministry (Reuters 10/02/2017). An increasing number of doctors are leaving the country due to low wages. As of end of 2015, approximately 15,000 doctors had left, compared to 2,000 in 2009 (Efecto Cocuyo 21/12/2016).

Reduced health services and a population that is more susceptible because of reduced dietary diversity facilitate disease transmission. Hospitals are unable to treat patients, and people are dying of preventable diseases. Patients are asked to supply medicine and medical supplies themselves, but are not always able to do so (IRIN 04/01/2017). Patients reportedly sleep on dirty beds in corridors and sometimes wait for months before they can receive any type of adequate care (The Guardian 19/10/2016). Doctors have staged protests against the shortages (The Guardian 19/10/2016). In March 2017, the Venezuelan government asked the UN for help (Reuters 25/03/2017).

Hospitals are reporting insecurity. Doctors have received death threats for not being able to cure some patients. There are also reports of armed men entering operating theatres and firing guns during surgery, as well as throwing grenades into hospital corridors, to threaten doctors (The Guardian 19/10/2016).

Maternal mortality increased by 65% between 2015 and 2016 according to some government data (Government of Venezuela 31/12/2016).

Infant mortality increased by 30% according to some government data (Reuters 09/05/2017, Government of Venezuela 31/12/2016). For the first five months of 2016, an internal Ministry of Health report reviewed by Human Rights Watch indicated that the rate of infant mortality was 18.61/1,000 live births, already 21% higher than the rate reported in 2015 (Human Rights Watch 24/10/2016).

Malaria: Malaria had been officially eradicated in 1961, but in 2016, an estimated 240,630 malaria cases were reported (El Diario de Guyana 05/03/2017). This is a 76% increase from 2015, which itself was a 75-year high (Reuters 09/05/2017, Outbreak News Today 05/09/2016). Bolívar state, where jungle encourages the presence of malaria-carrying mosquitoes and where access is difficult, is most affected, followed by Sucre and Monagas states (El Carabobeno 20/02/2017).

Diphtheria had been eradicated in the 1990s but also returned in mid-2016. 324 cases were reported in 2016, compared to no cases reported in 2015, and at least 24 children were estimated to have died (Reuters 10/02/2017, Reuters 09/05/2017). At the beginning of February, diphtheria was thought to have spread to at least six states: Monagas, Sucre, Anzoátegui, Apure, Bolívar, and Miranda (Reuters 10/02/2017, Outbreak News Today 29/11/2016).

Diabetes rates rose from 2% in 2014 to 8% in 2016 (ENCOVI 2016, Caracas Chronicles 02/03/2017).

Protection

Venezuela has one of the highest crime rates in the world. The Venezuelan Violence Observatory estimated that in 2016, 28,479 deaths were recorded from crime, with a homicide rate of 91.8 deaths per 100,000 people. This is from 90 deaths per 100,000 people in 2015 (Insight Crime 08/01/2017). Crime has become increasingly violent in 2016 and has been matched with a heavy-handed response from security forces (Insight Crime 08/01/2017).

Excessive use of force by security forces and paramilitary groups called 'colectivos' has been reported during protests (HRW 23/04/2017). Large round of arrests also occur during protests, sometimes arbitrary (HRW 05/05/2014). At least 42 people were killed and 1,700 people are reported to have been arrested during protests that began on 1 April to call for elections (ABC News 03/05/2017, Reuters 17/05/17).

Poor detention conditions are reported in prisons, that are overcrowded (Caracas Chronicles 16/05/2017, Insight Crime 26/08/2016, HRW 31/03/2017).

Education

An estimated one million children are out of school, including almost half of children from three to five years old. According to ENCOVI, of the 88% of children who do attend school, 65% of them sometimes miss class (ENCOVI 2016, Caracas Chronicles 02/03/2017). The drop in school attendance is attributed to lack of water supply, food and power outages in schools and insecurity on the road to school due to exposure to crime (Caracas Chronicles 02/03/2017, AFP 20/09/2016, US News 17/06/2016). According to the Commission for Social Development, in 2015, one-third of families did not send their children to school because of lack of food provided in schools (Panam Post 23/09/2016). Some cafeterias have been robbed by people who then sold the food on the black market (PRI 21/06/2016, US News 17/06/2016).

Classes are regularly suspended due to teacher absenteeism. Around 40% of teachers countrywide are estimated to miss school because they are queuing for food and basic supplies. Other drivers of absenteeism include low salaries, emigration, or insecurity (Reuters 16/06/2016).

Countrywide, lack of school supplies are reported and frequent power cuts disrupt classes (Reuters 16/06/2016, US News 17/06/2016).

WASH

Water services are regularly suspended due to shortages (Noticias 04/01/2016, The Conversation 07/06/2016). Caracas is currently affected by serious water shortages due to poor infrastructure, high prices and lack of trained maintenance staff (El Universal 06/01/2017). In several areas people have to rely on unsafe water, as shortages of chlorine to make water drinkable is reported (Caritas 16/05/2017). The water rationing programme which was implemented in 2016 as a result of the drought is expected to resume in 2017 (UPI 04/10/2016).

Poor infrastructure and water shortages due to the 2015/2016 El Niño drought still results in uneven and limited water distribution countrywide. 85% of water sources are located in the southeast, which hosts only 10% of the population. Only 15% of water sources go to the more urban north of the country. Old infrastructure impedes on the

effective delivery of water to the most populated areas. The Guri dam, which supplies 66% of the country's hydropower, fell to critical levels during the drought in 2016 (The Conversation 07/06/2016). As of October 2016, the dam was still performing at below-average levels (UPI 04/10/2016).

Vulnerable groups affected

The poorest households are disproportionately affected by food shortages, as they cannot resort to other mechanisms such as buying food on the black market, and by the health crisis as most are not covered by an insurance (Caracas Chronicles 02/03/2017).

Humanitarian and operational constraints

- Operating in Venezuela is difficult because the government is not acknowledging the full scope of the humanitarian crisis and will not publicly authorise intervention. In 2016, it blocked proposals to import emergency medicine at least three times. It has not provided imports itself (IRIN 22/11/2016). However in March 2017, the Venezuelan government asked the UN for help (Reuters 25/03/2017).
- High crime rates – Venezuela has one of the highest homicide rates in the world, and kidnappings and robberies are frequent – impact operations, notably in Caracas and state capitals (Insight Crime 08/01/2017).
- Frequent protests block roads and restrict movement.
- Roads are in poor condition in states on the border with Colombia. Transport is generally by air or river in these areas.

Potential aggravating factors

Political deadlock

In January 2016, the Mesa de la Unidad Democrática (MUD), which brings together 11 opposition parties, took control of the National Assembly after winning parliamentary elections in 2015. The ruling party, the PSUV, refused to recognise the assembly and uses the Supreme Court, which supports the government, to block decisions taken by the assembly. This has resulted in political deadlock. At the end of March 2017, the

Supreme Court issued a decree to make all National Assembly decisions invalid and to take over its powers (Bloomberg 20/03/2017). This was later amended, but it prompted large-scale protests, which have so far resulted in close to 40 deaths and thousands of arrests (ICG 11/05/2017). The government announced on 1 May that it wants to bring together an assembly to rewrite the Constitution. The current Constitution had been widely approved in 1999 under Chavez, prompting further protest (The Guardian 02/05/2017).

2016 drought

In 2016, Venezuela was affected by an El Niño-related drought, which was the worst in almost 50 years. Caracas, La Guaira and Maracaibo, which are densely populated, were most affected (Venezuela Analysis 19/01/2016). In March 2016, measures to reduce electricity consumption such as shop closure and reduced working weeks were introduced as water levels in the Guri hydroelectric dam fell to critical levels (The Conversation 07/06/2016).

Contextual information

Economic crisis

Since 2014, Venezuela has been suffering from a severe economic crisis, partly due to a substantial drop in oil prices, which account for 95% of Venezuela's exports. The economic situation significantly deteriorated in 2016: inflation had reached 720% by the end of the year, and food imports had fallen by almost half (Caracas Chronicles 21/12/2016). The risk of economic default (non-payment of debt) by the end of 2017 was considered 56% likely in March, an increase from 40% in February, as Venezuela has substantial debt payments to make (Bloomberg 03/04/2017). Inflation is expected to reach 2,000% by 2018 (Financial Tribune 09/05/2017).

The government had set price controls on goods, but the economic situation prevents this system from functioning. The fall in imports has led to shortages of food and basic commodities. Black market prices have been skyrocketing and people cannot afford to buy basic commodities and food.

Stakeholders

United Socialist Party of Venezuela (PSUV): The PSUV was founded in 2007 following the revolution that brought Chavez to power, and has been the governing party since then. The PSUV is strongly aligned to the military. Maduro is its President.

Democratic Unity Roundtable (MUD) is a coalition of 11 opposition parties who sit at the National Assembly. The MUD is made of up of a diversity of parties who adopt a different approach to the government: some have called for protests to overthrow Maduro, while others are open to dialogue. Several leaders of MUD members have been imprisoned by the government for alleged involvement in violent protests.

International and neighbouring countries' relationship to the conflict

The Organisation of American States (OAS), of which Venezuela is part, is increasingly isolating Maduro's regime. Following the OAS Permanent Council's decision to convene a meeting to discuss the Venezuelan conflict on 23 April, Maduro announced his decision to leave the organisation (ICG 11/05/2017). Neighbouring countries, including the US, have taken unilateral action to put pressure on the regime to abide by international law and protect human rights (NYT 13/02/2017).

Response capacity

Local and national response capacity

Mid-2016, the government created Local Committees of Supply and Production (CLAP) to distribute food supplies and basic commodities (Venezuela Analysis 02/03/2017, Washington Post 10/12/2016).

The government does not acknowledge the scale of the crisis (HRW 24/10/2016). The government did announce measures to respond to food shortages, including raising the minimum wage in April 2017, and promised to increase food distribution to six million more families in March 2017 (CNN 01/05/2017, Venezuela Analysis 02/03/2017). However, these measures are unlikely to meet people's needs. The government has asked the UN for help with medicine shortages (Reuters 25/03/2017).

International response capacity

The number of international organisations operating in-country is unclear, as the government publicly states its refusal of aid.

Population coping mechanisms

- Coping strategies such as food intake reduction and reduced dietary diversity are widely used (ENCOVI 2016).
- Those who can still afford it go to the black market for food, and poorer households sometimes sell the food that they receive from the government food distribution programme.
- In March 2017, there were reports of both civilians and soldiers looking for food in garbage (Catholic Culture 07/03/2017, BBC News 02/03/2017, Townhall 15/03/2017).

Information gaps and needs

- Lack of data on people in need and sectoral needs.
- Lack of data on geographic-specific needs.
- Lack of data on internal displacement and their needs.